



**Rolling River
Day Camp**

477 Ocean Avenue
Oceanside / East Rockaway, NY 11518
516-593-CAMP (2267)
fax: 516-593-5796
camp@rollingriver.com
www.rollingriver.com

Holiday Camp Spring Break 2020: Registration Form

Tuesday, April 14 to Friday, April 17, 2020

Open to children in Nursery through 5th grade only

CHILD'S NAME _____

Gender: Circle M / F **Date of Birth** _____ **Current Grade** _____

EMERGENCY CONTACTS & INFORMATION *(other than parents)*

NAME	RELATIONSHIP	PHONE NUMBER

Pediatrician _____ Phone _____

List Any Allergies (specify) _____

Dietary Restrictions (if any) _____

Please list any special needs: _____

Is Your Child Enrolled for Camp 2020? Circle Y / N

***If NO, PLEASE COMPLETE THIS SECTION:**

Parent 1 Name: _____ Cell _____

Parent 2 Name: _____ Cell _____

Contact Email: _____

Address: _____ Town: _____ Zip: _____

How did you hear about Holiday Camp? _____

OTHER IMPORTANT INFORMATION—PLEASE READ CAREFULLY

1. The signator authorizes Rolling River Day School & Camp Inc. (heretofore known as "RRDC") to administer prescribed medications, to obtain through a physician, licensed nurse or other emergency personnel of its choice, such medical care and/or first aid as is necessary for welfare of the child if any injury or illness occurs at Rolling River.
2. RRDC reserves the right to dismiss any child whose conduct or behavior, in the opinion of RRDC, is harmful to the best interests of RRDC with no refund of tuition upon dismissal from the program.
3. The signator permits RRDC to publish individual or group pictures and written or verbal testimonials for publicity, display, program brochure, website, internet, advertising or camp video/DVD promotions.
4. The signator and child agree to adhere to all of the policies, rules and regulations as reviewed by Holiday Camp staff upon arrival. No digital cameras or cell phones may be used on camp grounds by the children. A child that brings a cell phone will have the phone stored in the office for the day.
5. All medications must go to RRDC administrator. Possession of or the unlawful use of non-medically prescribed drugs or alcoholic beverages or the possession of weapons shall be reason for immediate dismissal of child with no refund of tuition. Directors will also contact the appropriate law enforcement agencies.
6. No refunds for any reason (i.e. absences, withdrawals, changes, terminations) will be made. Entire tuition must be paid at time of enrollment.
7. Rolling River Day Camp is licensed by the NYS Department of Health and is inspected twice yearly. Copies of the inspections are kept on file at the Nassau County Department of Health, 106 Charles Lindbergh Blvd. Uniondale, NY 11553 . ROLLING RIVER IS A MEMBER OF AND ACCREDITED BY THE AMERICAN CAMP ASSOCIATION.

*****PLEASE TURN OVER TO SCHEDULE DAYS AND CALCULATE PAYMENT AMOUNT*****

Remember to SIGN the bottom of Page 2!



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**Payment for Holiday Camp is Cash Only- Save \$25 off the total bill if enrolled for all 4 full days*

CHILD'S NAME _____

Holiday Camp 2020 Costs

Camper Status	Half Day 9:00am-1:00pm	Full Day 9:00am-4:00pm	Extended Care (per hour, 4:00-6:00pm)
2020 Campers	\$55	\$85	\$12
Not Enrolled	\$70	\$100	\$14

*Transportation and Lunch is not included. Snacks and refreshments are included.

Holiday Camp Schedule and Tuition Amount

- Check off Half Day or Full Day on the days your child will attend Holiday Camp.
- Indicate if your child is staying after 4pm and if so, until what time. If your child is NOT staying after 4pm you do not have to complete that section.
- Write down the daily cost and add up your grand total value to determine final cost.

Date	Half Day	Full Day	Extended Time	Daily Cost
Tuesday, April 14				\$
Wednesday, April 15				\$
Thursday, April 16				\$
Friday, April 17				\$

Special Notes for Staff: _____

DISCOUNTS(\$25 off for all 4 full days): \$ _____

GRAND TOTAL DUE: \$ _____

For Office Only- Paid Date: _____ Collected By: _____

PAYMENT IN FULL IS DUE AT TIME OF ENROLLMENT. ONLY CASH WILL BE ACCEPTED FOR HOLIDAY PROGRAMS. THIS CONTRACT CANNOT BE ALTERED OR CHANGED IN ANY WAY BY THE SIGNING FAMILY. I UNDERSTAND AND WILL ABIDE BY ALL OF THE RULES OF THIS CONTRACT. NO REFUNDS 48 HOURS PRIOR TO THE ENROLLED DATE DUE TO LIMITED CLASS AVAILABILITY.

Print Name _____

Parent/Guardian Signature _____ **Date** _____

(Parent/guardian signing contract has full authority to do so and will be responsible for payment of all fees).